

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51	
2		/						52	
3		/						53	
4								54	
5								55	
6								56	
7								57	
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41								91	
42								92	
43								93	
44								94	
45								95	
46								96	
47								97	
48								98	
49								99	
50								100	
TOTAL IND.								TOTAL IND.	
TOTAL DEP.								TOTAL DEP.	
TOTAL CLAIMS								TOTAL CLAIMS	